APR 1 8 2005

04:18p

PART B - FEE(S) TRANSMITTAL

send this form, together with applicable fee(s), to: Mail Complete ang

Lilah

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Mr. Ernest I. Gifford

Gifford, Krass, Groh, Sprinkle, Anderson & Citkowski, P.C. Post Office Box 7021 Troy, Michigan 48007-7021

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United
States Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile
transmitted to the USPTO (703) 746-4000, on the date indicated below.

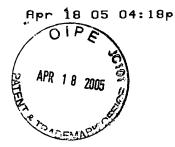
Lila Lee Griffin

					<u>Olla</u> April	- TEE	005 DD	(Signature) (Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR				ATTORNEY	DOCKET NO.	CONFIRMATION NO.
09/644,503	08/24/2000	John Kutzko			TRX-1	0202/01	3140	
TITLE OF INVENTION:	METHOD AND SYST OPTIMIZE THERAI						ANTICO!	AGULANT TO
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE		DATE DUE
nonprovisional	YES	\$700		·		\$1000		04/26/2005
EXA	EXAMINER		ART UNIT		JBCLASS			
Ryan A. Jarr	rett	2125		700/0	90			
CFR_1.363).	ce address or indication of "F		(I) the na	nting on the pater ames of up to 3 r OR, alternatively	egistered pater			rd, Krass, Grob
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(2) the na registered 2 register	or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Sprinkle, Anders & Citkowski, P.C				
Number is required.	D RESIDENCE DATA TO E	SE PRINTED ON T	HE PATEN	T (print or type)				
	NEE Dosing Systems, to assignce category of catego	Inc.	Wexi	CE: (CITY and S ford, Peni putent): Q ind	nsylvani	a	other private gr	oup entity Government
4a. The following fee(s) are			. Payment of					
🔀 issue Fæ			A check in the amount of the fee(s) is enclosed.					
_ `	small entity discount permitt	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required (ec(s), or credit any overpayment, to						
Advance Order - # o	of Copies1()		Deposit Acc	count Number	07-1180	ene requ	close an extra c	copy of this form).
a Amplicant claims	s (from status indicated abov SMALL ENTITY status. See	37 CFR 1.27.	☐ b. Appli	cant is no longer	claiming SMA	LL ENTITY s	tatus. See 37 C	FR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the ro) is requested to apply the Iss Publication Fee (if required) cords of the United States Pat	me Fee and Publica will not be accepted tent and Trademark	tion Fee (if a I from anyon Office.	ny) or to re-apply se other than the a	any previous) pplicant; a regi	y paid issue fo stered attorne	e to the applic y or agent; or t	ation identified above. he assignee or other party in
Authorized Signature _	95 i day	red		-	DateA	pril	<u>8</u> , 20	005
Typed or printed name				_	Registration		_v 644	
This collection of informat an application. Confidentia submitting the completed this form and/or suggestion Box 1450, Alexandra, Vir	ion is required by 37 CFR 1	311. The information	n is required	to obtain or retai	n a benefit by t	he public whi	ch is to file (an	d by the USPTO to process)

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FC:2501 FC:8001



GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C.

2701 Troy Center Drive, Suite 330 Troy, Michigan

Mailing Address:

Post Office Box 7021 Troy, Michigan 48007-7021

(248) 647-6000 FACSIMILE (248) 647-5210 info@patlaw.com

FACSIMILE TRANSMISSION

EIG/llg

DATE:

April 18, 2005

TO:

United States Patent Office

FACSIMILE NO .:

703-746-4000

FROM:

Ernest I. Gifford

TRANSMITTED (INCLUDING COVER SHEET): 4

RE:

Attorney Docket No.: TRX-10202/01

United States Application Serial No. 09/644,503

filed August 24, 2000

Title: METHOD AND SYSTEM FOR USE IN TREATING A PATIENT...

MESSAGE: Attached is an Issue Fee Transmittal (in duplicate for charging PTO account) and Part B - Fee Transmittal due April 26, 2005, along with the required fee to be charged to our PTO account.

Information contained in this facsimile may be PRIVILEGED and CONFIDENTIAL. It is intended only for the use of the person or entity named above. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is neither intended nor permissible. If this facsimile has been received in error, please notify us immediately (call collect) and return the facsimile to us.

Apr 18 05 04:18p Lilah (941) 484-5258 p. 2 TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity) Docket No. TRX-10202/01 (37 C.F.R. 1.311) Applicant(s): John Kutzko, et al. Examiner Customer No. Group Art Unit Confirmation No. Application No. Filing Date 08/24/2000 Ryan A. Jarrett 25006 2125 3140 *AETHOD AND SYSTEM FOR USE IN TREATING A PATIENT WITH AN ANTICOAGULANT TO Invention: OPTIMIZE THERAPY AND PREVENT AN ADVERSE DRUG RESPONSE APR 18 2005 Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith are the following for the above-identified application. ☑ Issue Fee Transmittal Form PTOL-85 \$ 700.00 Plant Fee: ☑ Utility Fee: Design Fee: □ Publication Fee: A check in the amount of is attached. The Director is hereby authorized to charge and credit Deposit Account No. 07-1180 as described below. Charge the amount of \$730.00 X Credit any overpayment. Charge any additional fee required. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: April & . 2005 Ernest I. Gifford, P.O. Reg. No. 20,644 Gifford, Krass, Groh, Sprinkle, Anderson & Citkowski, P.C. Post Office Box 7021 Troy, Michigan 48007-7021 (248) 647-6000 cc: Certificate of Transmission by Facsimile This certificate may only be used if paying by deposit account. Certificate of Mailing by First Class Mail

Dy deposit necount
I certify that this document and authorization to charge depo account is being facsimile transmitted to the United States Pate and Trademark Office (Fax No. (703) 746-4000) on
April 19, 2005
Rila SEE Quile
Signature (5 00
Lila Lee Griffin

Typed or Printed Name of Person Signing Certificate

the United class mad Commission	ertify that this correspondence is being deposited with a States Postal Service with sufficient postage as first in an envelope addressed to "Mail Stop Issue Fee, oner for Patents, P.O. Box 1450, Alexandria, VA 50" [37 CFR 1.8(a)] on
 	(Date)
	Signature of Person Mailing Correspondence
Турес	or Printed Name of Person Mailing Correspondence